PTO/SB/06 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 22005 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 1) NUMBER EXTRA FEE NUMBER FILED RATE FEE RATE FOR \$ 395 **BASIC FEE** \$ OR (37 CFR 1.16(a)) x \$11 TOTAL CLAIMS 0 0 OR minus 20 = x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 41 =OR minus 3 = 0 = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = 395 OR **TOTAL** TOTAL If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR **SMALL ENTITY SMALL ENTITY** (Column 2) (Column 3) (Column 1) **CLAIMS HIGHEST** ADDI-ADDI-PRESENT REMAINING NUMBER TIONAL RATE TIONAL RA. TE ANTINONITY PREVIOUSLY EXTRA **AFTER** FEE FEE PAID FOR AMENDMENT OR x \$_50 = Total Minus : <u>25 </u>= (37 CFR 1.16(c)) OR Independent *** 2 700 = Minus 100 = OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 180 360= OR TOTAL TOTAL đr ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-ADDI-**CLAIMS** AMENDMENTER REMAINING NUMBER PRESENT **RATE** TIONAL RATE TIONAL AFTER PREVIOUSLY **EXTRA** FEE FEE PAID FOR AMENDMENT OR Total (37 CFR 1.16(c)) x\$ = Minus : \$ OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST ADDI-ADDI-**CLAIMS PRESENT** REMAINING NUMBER RATE TIONAL RATE TIONAL **AMENDMENT PREVIOUSLY EXTRA AFTER** FEE FEE AMENDMENT PAID FOR OR Total x \$. Minus = (37 CFR 1.16(c)) OR Independent *** = Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.